

2000 Schafer Street, Suite G Bismarck, ND 58501-1204 Telephone (701) 328-9933 Fax Number (701) 328-9955

ALL BLANKS MUST BE COMPLETED

1. Legal Name of Applicant (Licensee)

In accordance with the provisions of Chapter 13-04.1, NDCC - Money Broker, application is hereby made to conduct business as a **Money Broker**.

Doing Business as (if applicab	ole)						
Address Where Business is Conducted (Street)				P.O. Bo	P.O. Box		
City			State	Zip Code			
elephone Number Fax Nur		Fax Number	E-mail Address	Websit	e Address		
			ı				
2. Form of Organization (sole	proprietorship	o, partnership, limited liability partn	ership, corporation, limited	liability company	()		
Date Formed Under the Law		aws of the State of	Date of Registration in North Dakota				
Name of State Agency that Lic	censes and R	Regulates this Business (Home State	Le or Domicile of the Applic	cant)			
3. List the following ownership	o information	for the applicant if the applicant is	owned by another compan	y/corporation:			
NAME OF COMPANY/CORPORATION		PERCENT OF STOCK OWNED	PUBLICLY TRADED		E-MAIL ADDRESS		

						* SOCIAL SECURITY	PERCENT OF	
NAME	HOME ADI	DRESS CITY STATE ZII		ZIP CODE	NUMBER	STOCK HELD		
_								
5. Name of Manager and attac	ch resume (the person	who will be active	ely in charge of	the busine	ess)			
Business Address			Telephone	Number		Fax Number		
ty			State	Zip Cod	le	E-Mail Address		
* Manager's Social Security Nu	umber							
6. Name of Contact Person if O	Other Than Manager							
Business Address			Telephone	Number		Fax Number		
/			State	Zip Cod	le	E-Mail Address		
Contact Person's Social Secu	ırity Number							
Contact Person's Social Secu	addresses of all fi	nancial institu	ution(s) in wh	nich the a	applicant (lice	ensee) has a busines	SS Similar	
List the names and relationship (includi	addresses of all fiing deposit accoun	its, trust accor anch locations	unts, loans, s, indicate, ir	lines of o	credit, letters	ensee) has a busines of credit, and other s the number of branc	similar	
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NAME OF BRANCH	ADDRESS	CITY	STATE	ZIP	CODE	TELEP	HONE NUMBER
Has the applicant and/or an	y individual listed in this applicat	ion ever had this or a	a similar license in] No □ Yes I		akota or any	other state	or been a meml
NAME OF INDIVIDUAL	BUSINESS NAME USED	STATE LICENSED	LICENSE NUM		TYPE OF	LICENSE	DATES HEL
							_
Is the applicant currently op	erating in any states that do not	require licensing?	□ No □	Yes	List		
BUSINESS NAME USED STATE					TE		
ase Attach Additional Shee	ts if More Space is Needed f	or Questions 10 -	12				
(A) Has the applicant's	/any individuals' license in	another state e	ver been denie				
applicant/any indivi	dual been a party to an er	nforcement order	r, or paid civil n	noney p	penalties?	P □ No □	☐ Yes Expl
Does the applicant/any inc ☐ No ☐ Yes Expla	dividual have any administrat	ive investigations	or orders pendin	g in any	, jurisdictio	n?	

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12. (C) Has judgment ever been entered against the applicant/any individual in any civil matter involving any transaction of any kind? ☐ No ☐ Yes -Explain
If judgment was obtained, has it been paid? ☐ No ☐ Yes - Explain
If no, give current status of judgment.
(D) Has the applicant/any individual ever declared bankruptcy? ☐ No ☐ Yes - Explain
(E) Has the applicant/any individual ever been convicted in any state or federal court of a crime of forgery, fraud, obtaining money under false pretense, embezzlement, extortion, larceny, burglary, breaking and entering, robbery, criminal conspiracy to defraud, or bribery?
☐No ☐Yes - furnish details on separate sheet and attach to application.
13. If serving in the capacity of a broker, rather than a direct lender, attach answers to the following:
(A) Attach a copy of the contract(s) intended to be used.
(B) Attach a list specifying the names and addresses of all proposed source(s) of credit and supporting documentation specifying the credit limits.
(C) Attach schedule of commissions proposed.
(D) Complete names of employees directly involved in brokering on the attached form. (SFN 50716 - Names of Brokers)

* In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is voluntary. The individual's social security number is used to obtain credit information from any credit reporting agency.

Upon completion, forward the following documents to:

DEPARTMENT OF FINANCIAL INSTITUTIONS
2000 SCHAFER STREET, SUITE G
BISMARCK, ND 58501-1204

Application Form

Application Fees: (Make check payable to Department of Financial Institutions)

\$400 Investigation Fee

\$300 License Fee

\$ 50 Each Branch located in North Dakota

Please attach a copy of the license/certificate from the home state or domicile of the applicant.

Applicant must contact the Secretary of State's Office at 1-800-352-0867 to obtain a Certificate of Authority.

Enclose a surety bond in the sum of \$25,000 (Form SFN 2121)

Financial Statement(s)

- (A) Attach to the application a financial statement including balance sheet and an income statement of the proposed applicant. The financial statement must include a sworn declaration as to accuracy unless it is a CPA audited financial statement.
- (B) Additionally, an individual financial statement must be submitted for: the proprietor, if the applicant is a sole proprietorship; if a partnership, each general partner, and the partnership; if a corporation or limited liability company, each person owning 25 percent or more of the company/corporation stock.

Attach an organizational chart of the applicant and the parent company, if the applicant is a subsidiary corporation or limited liability company.

Resume of the proposed manager.

Attach a list of brokers (Form SFN 50716).

Would the applicant wish to receive on-line notification to renew their license? If yes, would the applicant be interested in renewing online?

IMPORTANT: Report any change(s) of the applicant to the Department of Financial Institutions within ten days of such change(s).

SIGNATURE OF APPLICANT'S AUTHORIZED REPRESENTATIVE

State of)		
)ss. County of)		
foregoing Application, including all exhibits and other documents foregoing Application, are correct, true, accurate and complete; a	, 20, the undersigned has/hy authorized to do so; and further that the information and statements of attached thereto and all other information filed therewith, all of which are not further that the Applicant knows and understands that, if the Application documentation provided to support the foregoing Application, then will and/or criminal penalties under N.D.C.C. 13-04.1-13.	re made a part of the int has knowingly
Name of Applicant (Leave blank if individual)	Acknowledgement	
Authorized Signatory to Sign for Applicant	State of) ss.	
Printed Name (and Title, if applicable) of Signatory	County of)	
Authorized Signatory to Sign for Applicant	The foregoing Application for a Money Broker License was accepted before me by on this	
Printed Name (and Title, if applicable) of Signatory	and by on this	day of
	Witness my hand and official seal.	
	Notary Public (SEAL) My Commission Expires:	

STATE OF NORTH DAKOTA

DEPARTMENT OF FINANCIAL INSTITUTIONS 2000 SCHAFER STREET, SUITE G BISMARCK, ND 58501-1204

I hereby authorize any person or entity contacted by the North Dakota Department of Financial Institutions with regard to my application for a license to release to the department any and all information requested, including information from any credit reporting agency.

Name of Applicant (Licensee)	Print Name of Individual Signing this Page
Signature	Date
x	

(Please copy this page for each individual identified in Item numbers 3 thru 6 to sign, and return with your application to this Department.)